## **DEPARTMENT OF ADMINISTRATION**



Risk Manager

305 E. WALNUT STREET P.O. BOX 23600 GREEN BAY, WI 54305-3600

PHONE (920) 448-6298 FAX (920) 448-4036 WEB: www.co.brown.wi.us

## VOLUNTEER AGREEMENT WAIVER RELEASE AND HOLD HARMLESS

WAIVER RELEASE AND FIGER HARRIELSS	
Participant's Name:	Phone:
Address:	
Volunteer Activity (Specify Activity):	
County Department Sponsor:	
	WAIVER
my child(ren), my heirs, executors and as employees from liability for any harm, inju	bove referenced County volunteer activity, I do hereby, for myself, ssigns, release Brown County and its officials, officers, agents and ury, or damage which I or my minor children, may suffer while bove described program, event and/or activity. This includes all whether foreseen or unforeseen.
	HOLD HARMLESS
or property, resulting from my or my child Brown County has immunity for injuries s the best of my knowledge, I am not awar	ents, officials, and employees harmless from any damage to persons d(ren)'s negligence and/or intentional acts and understand that sustained in the course of recreational and voluntary activities. To e of any physical disability or health-related reasons or problems r my child(ren)'s participation in this activity. I agree to abide by all went/activity.
l am of lawful age and legally competent understand the terms and have signed th	to sign this Agreement for and /or on the behalf of the participant. I his document as my own free act.
AND WAIVER OF LIABILITY BY READI <mark>I</mark>	ID/OR CHILD(REN) OF THE CONTENTS OF THIS AGREEMENT NG IT BEFORE I SIGNED IT. I REALIZE THAT BY SIGNING THIS IGHTS WHICH I MAY BE ENTITLED TO. I DO NOT REQUEST AN RMS OF THIS RELEASE.
	d I understand and agree to the terms and conditions stated herein. This s, administrators, executors, and assigns of the undersigned.
ATTENTION: Ages 18 and under must I	have guardian signature
Signed :	Dated: